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## MYOCARDIAL ISCHEMIA AND INFARCTION

### MEDICAL MANAGEMENT OF STABLE CORONARY ARTERY DISEASE BEFORE AND AFTER ELECTIVE PCI

ACC Poster Contributions

Georgia World Congress Center, Hall B5

Monday, March 15, 2010, 3:30 p.m.-4:30 p.m.

Session Title: Stable Ischemic Syndrome--Medical Cotherapies for Secondary Prevention

Abstract Category: Stable Ischemic Syndrome

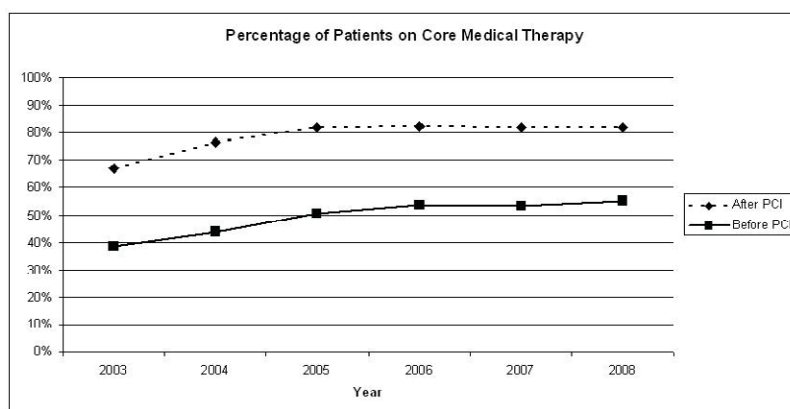
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**Background:** Percutaneous coronary intervention (PCI) for stable coronary artery disease (CAD) is not superior to medical therapy. It remains unclear if patients who receive elective PCI for stable CAD are receiving appropriate medical therapy before and after revascularization.

**Methods:** We evaluated the medical management strategy of 55,272 patients who received elective PCI for stable CAD in a large regional consortium between 2003 and 2008. We included all patients who received elective PCI for stable CAD. We excluded patients with contraindications to aspirin, clopidogrel, statins or beta-blockers (BB). We defined core medical therapy of stable CAD as treatment with aspirin, statin and BB prior to PCI and treatment with aspirin, clopidogrel, and statin after PCI.

**Results:** Figure 1 shows the trend of medical therapy before and after PCI. Patients with known CAD tended to have better medical therapy compared to patients without known CAD (59% vs. 32%,  $P<0.001$  before PCI; and 81% vs. 76%,  $P<0.001$  after PCI). Statins were used in 67% of patients prior to PCI and 82% after PCI. BB were used in 71% of patients prior to PCI.



**Conclusions:** Medical therapy remains underutilized before and after elective PCI for stable CAD. Our data suggest that improvements are being made in the use of medical therapy. Missed opportunities to employ statins and BB appear to drive the underutilization of medical therapy.